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No. 54

THE ARGUMENT FOR MEDICAL  
INSPECTION OF SCHOOLS  
AND  
SIGNIFICANT FACTS ABOUT MEDICAL  
INSPECTION

REPRINTED FROM  
MEDICAL INSPECTION OF SCHOOL

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## Significant Facts

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Medical Inspection "is founded on a recognition of the close connection which exists between the physical and mental condition of the children and the whole process of education." It "seeks to secure ultimately for every child, normal or defective, conditions of life compatible with that full and effective development of its organic functions, its special senses, and its mental powers, which constitute a true education."—(*Extract from Memorandum of British Board of Education.*)

Medical Inspection is a movement national in scope in England, France, Belgium, Sweden, Switzerland, Bulgaria, Japan, the Argentine Republic, and practically so in Germany. In the United States seventy cities outside of Massachusetts, and all the cities and towns of that state, have systems of medical inspection.

Massachusetts has a compulsory medical inspection law. New Jersey has a permissive one, Vermont a law requiring the annual testing of the vision and hearing of all school children, and Connecticut one providing for such tests triennially.

As a rule, the work of medical inspection is underpaid in America. In England such services are compensated at the rate of from \$1500 to \$4000 per annum, while in America \$200 has, in many quarters, come to be regarded as a standard salary for the services of the school physician.

Systems themselves vary so widely in scope and thoroughness here in America as to range in annual per capita cost from half a cent to a dollar and twenty-two cents.

## Medical Inspection of Schools

Clear distinction must be made between medical inspection solely for the detection of communicable disease and that physical examination which aims to discover defects, diseases, and physical condition. The one relates primarily to the immediate protection of the community, while the other looks to securing and maintaining the health and vitality of the individual.

Medical inspection for the detection of contagious diseases can be adequately performed at an annual cost of about fifteen cents per capita, while physical examinations similarly performed, and including the inspection for the detection of communicable diseases, cost about fifty cents.

Effective medical inspection for the detection of communicable diseases can only be conducted by the Department of Health, or at least with its active co-operation, because of the necessity for legal authority for protecting the community, not only during epidemics of contagious diseases, but also to prevent them.

Effective physical examination can only be conducted by the Board of Education, or at least with its full co-operation, because it involves the following of the child from grade to grade and year to year. It involves the constant attention of the teacher with reference to seating the deaf where they can hear best, and those having poor vision where they can see best, as well as constant co-operation with the parents.

Physical examinations can be well made by an experienced school physician in from twelve to fifteen minutes per child. Vision and hearing tests demand from three to five minutes per child.

The conduct of medical inspection is such a technical matter and is so different from the work done by the practising physician as to demand special training and experience.

Investigations so far indicate clearly that physical defects of children decrease with age. That is, taking into consideration a sufficiently large number of cases, children of fourteen years of age show fewer defects than do those of thirteen years, and these, in turn, fewer than those

of twelve years. Hence older children have fewer defects in whatever grades they may be found, and so, from the very definition of the term, retarded children in any given grade have fewer defects than children of normal age in the same grade. This fact is in direct contradiction not only to the prevailing opinion, but also to the conclusions that have been emphasized in current professional discussion to the effect that children behind their grades were so because of the handicap imposed on them by physical defects. This important fact should not in any way lessen our endeavors to bring the aid of medical science to the service of the physically handicapped. It should rather give us renewed hope, for we find that the direct tendencies of normal growth make toward rather than away from those wholesome physical conditions that it is the aim of every physician and every educator to bring about.

Physical defects are not equally significant either from the medical or from the pedagogical standpoint. It is unfair and tends toward misleading conclusions to include in the same classification pediculosis and defective vision, club-foot and defective hearing, adenoids and ring worm. Therefore the effects of each kind of defect should be separately studied—*e. g.*, the effects of defective vision, hearing, adenoids, carious teeth, etc., upon school progress and upon health.

## CHAPTER II

### The Argument for Medical Inspection

Since the days of Juvenal, men have been quoting his much abused half-line, "A sound mind in a sound body"; and while making diligent provisions for schools in which "sound minds" were to be shaped, have felt that these schools needed little scrutiny as to their fitness for conserving and developing "sound bodies".

The famous Spanish voyager, who lost his life in his futile search for the phantom fountain of youth was far from being the first or the last of the long line of seekers for a "cure-all" which should eradicate the ailments of old age and restore that buoyant health of youth which modern science is just beginning to teach us must be diligently conserved from childhood, if it is to be enjoyed in after-life.

To say that we have during all this time lost sight of the true source of a healthy old age would be an extreme statement, but it is certainly true that educators in general have given but scanty and fleeting attention to the problem of the physical well-being of their charges.

All too often the same complacent and care-free attitude of mind has been shared by the parent. All children had to have the "common children's diseases"—and the sooner, the better. If Johnny breathes through his mouth—"He always did that. He will outgrow it." The child's cough is only "a slight cold." "He always turns his head to one side when he writes or reads. It's a habit he has got into. He has always been pale. It is nothing unusual."

In cases of serious epidemics it has always been recognized that parents have the right to insist that the schools shall be safe places for them to send their children. This right has been recognized by the closing of the public schools during an epidemic; but despite the fact that it has long been recognized that the public school serves as a center of exchange for contagious diseases which pass from pupil to pupil,



the occasional closing down and the rare fumigation have constituted the sum total of preventive measures, with the single exception of the commonly insisted on requirement of vaccination.

Again, except in extreme cases, the school has taken little note of such defects of mind and body as might vitally affect the chances of success and happiness of the child, unless such defects were of the more directly alarming nature of contagious diseases.

The "lockstep" has been the rule in physical matters, as in the realm of the course of study. All the children have been received on an equality and have been treated equally, no matter what their mental endowments or physical condition. The quick and the slow, the sound and the sick, have been grouped together; and he who could not keep his place in his studies has been as unquestioningly left behind as has he who through illness could not retain his place in the school.

That such a course was poor business policy, based on the false assumption of a universal mental and physical equality which does not exist, has been pointed out times without number. As in all movements, the leaders have been far in advance of the rank and file; and in our own, as in other countries, the great majority of people have been too much engaged in their special interests to give heed to the great problems involved in the work of improving the educational and physical well-being of the young of the race.

With the great changes which have been coming over American life, former conditions have disappeared and this undisturbed indifference has become impossible. We have changed from an agricultural people to a race of dwellers in towns and cities. The school year has changed from a three months' winter term to one of five hours per day for ten months during the year. The number of years of school life has greatly increased. We have passed compulsory education laws. Going to school has become not only the normal, but the required occupation of all children for a considerable number of years.

The results of these changed conditions on the health of children have become so marked as to insistently demand attention. The parents, school authorities, and health authorities have been unable to avoid recognizing the fact that in the nature of the case the school has become the most certain center of infection in the community.

From these conditions grew up medical inspection, for the purpose

of detecting cases of contagious diseases and of segregating such cases for the protection of other children. Wherever established, the good results of medical inspection have been evident. Epidemics have been checked or avoided. Improvements have been noted in the cleanliness and neatness of the children. Teachers and parents have come to know that under the new system it is safe for children to continue in school in times of threatened or actual epidemic.

But medical inspection does not stop here, nor has it limited its activities to the field outlined. Other problems have been insistently forcing themselves on the attention of school men; and they, knowing something of the wonderful advances made in the field of medicine, have turned for aid to the physicians.

With the changes in the length of the school term and the increase in the number of years of schooling demanded of the child, has come a great advance in the standards of the work required. When the standards were low, the work was not beyond the capacity of even the weaker children; but with close grading, fuller courses, higher standards, and constantly more insistent demands for intellectual attainment, this has changed. Pupils have been unable to keep up with their classes. The terms "backward", "retarded", "exceptional" as applied to school children have been added to the vocabularies of the school men. Inquiries have been instituted into the causes underlying the phenomena of backward and retarded children, of those who are unable to keep up with their classes, or those who seem to be different from their companions in their ability to do the work demanded.

As a result of these inquiries, physical examinations have been conducted by the doctors connected with the schools. Surprising numbers of children have been found who through defective eyesight have been seriously handicapped in their school work. Many are found to have defective hearing. Other conditions are found which have a great and formerly unrecognized influence on the welfare, happiness, and mental vigor of the child. Attention has been directed to the real significance of adenoids and enlarged tonsils, of swollen glands and carious teeth.

Persistently, earnestly and quietly this work has been pushed to a successful experimental accomplishment, and as a result we have to-day medical inspection in its various forms—not only for the detection of

contagious disease, but also for discovering those physical defects which interfere with the child's ability to do his school work, or which, if neglected, will seriously affect his physical efficiency in after-life. The movement as a whole constitutes both a sign and a result of the gradual awakening which has developed into a wave of interest in matters that pertain to the health of school children that is now sweeping over the civilized world.

Communities are seeing the whole matter in a new light. Gradually they are beginning to ask—not whether they can afford to take steps to safeguard in schools the welfare of their children, but whether they can afford not to take such steps. The realization is dawning that it is unbusinesslike to count carefully the cost of the school doctor, but to disregard the cost of death and disease, of wrecked hopes and dependent families.

Teachers and parents are commencing to realize that from their viewpoint and from that of the school physician the problem of the pupil with defective eyesight may be quite as important to the community as that of the child who has some contagious disease. This child, placed in a school where physical defects are unrecognized and disregarded, is unable to see distinctly, and headaches, eye-strain, and failure follow all his efforts at study. He cannot see the blackboards and charts, printed books are indistinct or are seen only with much effort—everything is blurred. Neither he nor his teacher knows what is the matter, but he soon finds it impossible to keep pace with his companions, and, becoming discouraged, he falls behind in the unequal race.

In no better plight is the child suffering from enlarged tonsils and adenoids, which prevent proper nasal breathing and compel him to keep his mouth open in order to breathe. Perhaps one of his troubles is deafness. He is soon considered stupid. This impression is strengthened by his poor progress in school. Through no fault of his own he is doomed to failure. He neglects his studies, hates his school, leaves long before he has completed the course, and is well started on the road to an inefficient and despondent life.

Public schools are a public trust. When the parent delivers his child to their care, he has a right to insist that the child under the supervision of the school authorities shall be safe from harm and will at

least be handed back to him in as good condition as he was at first. Not only has the parent the right to claim such protection, but even if he does not insist upon it, the child himself has a right to claim it. The child has a claim upon the state and the state a claim upon the child which demand recognition. In the words of Dr. William H. Allen: "When the state for its own protection compels a child to go to school, it pledges itself not to injure itself by injuring the child." We are beginning to find out that many of our backward pupils are backward purely and simply because, through physical defects, they are unable to handle the work of the school program. What these defects are and the causes that lie behind them are things that we must know. If we do not know them, we must find them out and guard against them. Education without health is useless. It would be better to sacrifice the education if, in order to attain it, the child must lay down his good health as a price. Education must comprehend the whole man and the whole man is built fundamentally on what he is physically. Children are not dullards or defectives by the will of an inscrutable Providence, but rather by the law of cause and effect.

The objection that the state has no right to permit or require medical inspection of the children in the schools will not bear close scrutiny nor logical analysis. The authority which has the right to compel attendance at school has the added duty of insisting that no harm shall come to those who go there. The Massachusetts law, with its mandatory "shall," is certainly preferable to the New Jersey law, with its permissive "may." The exercise of the power to enforce school attendance would be dangerous if it were not accompanied with the appreciation of the duty of seeing that the assembling of pupils brings to the individual no physical detriment. When the subject is considered both from the standpoint of the individual and from that of the state, the wonder is not that medical inspection is now being agitated, but rather that it was not long ago put into practice.

Nor is the state, in assuming the medical oversight of the pupils in the public schools, trespassing upon the domain of private rights and initiative. American systems do not, like the feeding of school children (already resorted to in France and in parts of England), lessen the responsibility of the parent or tend to weaken or supersede the home. Under medical inspection absolutely nothing is done for the parent but to tell



him of the needs of his child, of which he would otherwise have been in ignorance. It leaves it to the parent to meet those needs. It leaves him with a larger responsibility than before. Whatever view be taken of the right of the state to enforce measures for the correction of defects discovered, the arguments for and against do not enter into the present discussion. It seems difficult to find a logical basis for the argument that the state has not the right to inform the parents of defects present in the child, and to advise as to remedial measures which must be taken to remove them.

The justification of the state in assuming the function of education and in making that education compulsory is to insure its own preservation and efficiency. Whether or not it is to be successful will depend on its individual members. But the well-being of a state is as much dependent upon the strength, health, and productive capacity of its members as it is upon their knowledge and intelligence. In order that it may insure the efficiency of its citizens, the state through its compulsory education enactments requires its youth to pursue certain studies which experience has proved necessary to secure that efficiency. Individual efficiency, however, rests not alone on education or intelligence, but is equally dependent on physical health and vigor. Hence, if the state may make mandatory training in intelligence, it may also command training to secure physical soundness and capacity.

Much time may elapse before there will be brought to bear in all schools the measures, now so successfully pursued in some, for conserving and developing the physical soundness of rising generations. But, nevertheless, the movement is so intimately related to the future welfare of our country and is being pushed with so great energy and earnestness by its advocates that it is destined to be successful and permanent.

Not alone our unwillingness to be outdone in this public service by foreign nations, not alone our sense of practical foresight, but our inherent feeling of obligation toward our children and our recognition of this service as one of necessity for the national well-being, are forcing upon us the incorporation of this phase of public activity as an integral part of our public education.



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